



2012 DCPS Summer Credit Recovery Program  
Student Enrollment Form

STUDENT INFORMATION

Name: \_\_\_\_\_ Gender: M F  
Address: \_\_\_\_\_  
Preferred Language: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Best way to contact: Phone /Email  
2011–12 Grade: \_\_\_\_\_ 2011–12 Home School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CONTACT INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

RELEASE INFORMATION – I agree to the following terms:

I hereby give permission for my child to participate in summer program activities sponsored by DCPS.

I understand that all students are expected to have perfect daily attendance and punctuality. Three (3) unexcused absences will cause a student to be dismissed from the Summer Credit Recovery Program. Three (3) unexcused tardy arrivals will be counted as one (1) unexcused absence.

Parents/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For School Use Only

Eligibility

\_\_\_\_ Verified SYEP Registration  
\_\_\_\_ Receiving Special Education  
\_\_\_\_ English Language Learner  
\_\_\_\_ Residency Verified

Courses Requested

Course 1: \_\_\_\_\_  
Course 2: \_\_\_\_\_  
Course 3: \_\_\_\_\_

Counselor: \_\_\_\_\_

Date: \_\_\_\_\_